

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized CommitteeRECEIVED.
SECRETARY OF THE SENATE

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12 JAN 30 11 24 59
12FE4M5

FRIENDS OF DUANE SAND 2012

ADDRESS (number and street)

418 ROSSER AVE

SUITE 100



Check if different than previously reported. (ACC)

BISMARCK

ND

58502

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00494948

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

ND

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y Y

D D / Y Y Y Y Y Y

Y Y Y Y Y Y

in the State of

D D / Y Y Y Y Y Y

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

D D / Y Y Y Y Y Y

Y Y Y Y Y Y

in the State of

D D / Y Y Y Y Y Y

5. Covering Period

M M / D D / Y Y Y Y Y Y
10 01 2011M M / D D / Y Y Y Y Y Y
12 31 2011

through

M M / D D / Y Y Y Y Y Y
12 31 2011M M / D D / Y Y Y Y Y Y
12 31 2011M M / D D / Y Y Y Y Y Y
12 31 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer SCOTT B MACKENZIE

Signature of Treasurer SCOTT B MACKENZIE

Date

M M / D D / Y Y Y Y Y Y
01 30 2012M M / D D / Y Y Y Y Y Y
01 30 2012M M / D D / Y Y Y Y Y Y
01 30 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
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(Revised 02/2003)